

## *Historical Review*

# Cinderella had a champion

J M G Harley

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Society today expects the physician of the future to concern himself increasingly with social justice, the environment and government regulations. However, when attempts are made to deal with these subjects they usually focus on the 'here and now' and not the historical underpinning. The student, practitioner and public, often through the media, marvel at the contemporary medical scene with its greater scientific understanding, diagnostic and operative tools, therapeutic methods and broadened attitudes towards the whole patient. Nevertheless, they are apt to view today's practices either as having always been there or, indeed, as if they had miraculously appeared from outer space.

Through events in the lifetime of one of our colleagues I will try to illustrate that medicine is more than just medicines, that the development of medicine has not been an uninterrupted straight line of progress, and that society and the profession have exerted a mutual influence on each other. Furthermore, we may see that the effectiveness of any one doctor in relation to his patients and colleagues was, and still is, more a function of his own qualities and abilities than of any philosophy.

My story begins in the last decade of the 19th century, when on 28th July 1898, Charles Horner Greer Macafee — affectionately known as 'Mac' — was born in Omagh, Co Tyrone. At that time, this site which now contains the Royal Group of Hospitals, was parkland on which stood the County Infirmery for the Insane (Fig 1). This hospital, then in Frederick Street and known as the Belfast Royal Hospital, had celebrated its centenary in 1897, and Queen's College, Belfast, was preparing for its fiftieth anniversary in 1899.

Ireland was 'united' (partitioned in 1920). The so-called 'troubles' were ongoing but there was relative calm compared to the very turbulent 18th century which had

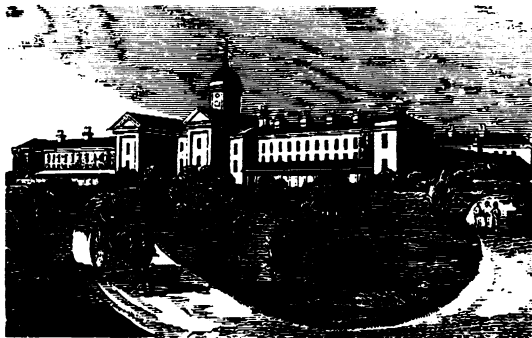


Fig 1. County Infirmery for the Insane. This building was demolished prior to the building of the Royal Victoria Hospital.

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J M G Harley, CBE, MD, FRCOG, FRCPI, Hon Professor of Clinical Obstetrics and Gynaecology, The Queen's University of Belfast, and Consultant Gynaecologist, Royal Victoria Hospital, Belfast.

culminated in the Rebellion of 1798. Queen Victoria's reign, which had started in 1837, was coming to an end. There had been a great increase in the population and nowhere was this more evident than in Belfast where in 1780 the population was only 13,000 — one-twentieth that of Dublin. By the year of Mac's birth, Belfast's population was some half-million — more than the Irish capital — and rated as the fastest growing city in the industrialised world. It could boast the greatest shipyard, ropeworks, tobacco factory, linen spinning mill, dry dock and tea machinery works in the world — sadly most have now gone.

The great increase in population was partly due to large families, and partly to the fall in death rate and rise in life expectancy. This latter was 44 years for men and 48 for women. It is not surprising, therefore, that the word 'menopause' was unheard of. Now, nearly a hundred years on, life expectancy has risen dramatically to 75 years for males and 81 years for females. Women can now expect to live nearly half of their lives after the menopause, and the pharmaceutical companies can look forward to making millions from hormone replacement therapy.

Divorce affected only two in every 1,000 marriages, now at least one in three. Unmarried mothers were rare — now, one in four is single. Perhaps the sentiments expressed in Tennyson's 'The Princess' need reappraisal:

"Man for the field, woman for the hearth  
Man for the sword and for the needle she:  
Man with the head and woman with the heart  
Man to command and woman to obey".

In 1898, tuberculosis was rife, and terrible scourges such as smallpox, cholera, typhus and diphtheria that devastated populations were still common. Infant mortality was 102 per 1,000 and maternal mortality 8 per 1,000; now, 7 per 1,000 and less than 1 in 10,000 respectively. The hospitals, and the energies of the medical and nursing professions were directed mainly towards the prevention, diagnosis and, where possible, the treatment of infectious diseases. General medical cases were admitted only by special permission, and surgical problems were mostly dealt with in the patients' homes.

Midwifery had still not emerged from the dark ages. Little had changed for centuries. That it was the Cinderella of medicine can be judged by the attitudes of physicians and surgeons. Sir Henry Halford, President of the Royal College of Physicians, in a letter to Sir Robert Peel the Prime Minister, stated that the practice of midwifery was "an act foreign to the habits of gentlemen of enlarged academic education", and Sir Anthony Carlisle, Royal College of Surgeons, told a select committee that "It is an imposture to pretend that a medical man is required at a labour".

It was not until the Medical Act of 1886 that qualification in medicine and surgery also required midwifery before a student could be registered. It seems incredible that only 12 years (1886) before Mac was born, midwifery for the first time achieved the same academic status as medicine and surgery. This was only the beginning, for the universal acceptance of midwifery, still perceived as the Cinderella of medicine, was to take another 40 years.

Reluctance by the medical profession to recognise the importance of a proper knowledge of midwifery explains to some degree the absence of public support

for legislation for the control of midwives, who were likened — rightly or wrongly — to Sarah Gamp, as portrayed in Charles Dickens 'Martin Chuzzlewit' (1843). I quote: "She was a fat woman. Having very little neck it cost her some trouble to look over herself. The face of Mrs Gamp — the nose in particular — was somewhat red and swollen and it was difficult to enjoy her society without becoming conscious of a smell of spirits".

The atmosphere of apathy, intolerance and aggression against the compulsory training and registration of midwives persisted until finally, as a result of sheer persistence and determination by the midwives themselves, Parliament passed the Midwives Act in 1902, establishing the Central Midwives Board governing the training and practice of midwifery. To appreciate how significant this achievement was, one has to remember that women had no voting rights at that time. At present, most midwives are fully trained nurses who have completed a further 18 months postgraduate training and an examination in midwifery. Why, since the advent of Project 2000, they are intent on being trained only as midwives and not first as nurses, I have great difficulty in understanding, particularly as the numbers of pregnancies with medical disorders are increasing.

As if to mark the year of Mac's birth, two historical events occurred. The first caesarean section in Ireland where mother and baby were to survive, was performed in the Rotunda Hospital, Dublin in 1898 by the Master, Dr Arthur Macan. Secondly, the British Medical Journal recorded that three young ladies had applied to the Medical Professors of Queen's College, Belfast, to have the medical classes thrown open to women.

This was the political, social and medical status when Mac was born in the front bedroom of what was the First Omagh Presbyterian Manse. His father, the Reverend Andrew Macafee was the Presbyterian Minister in Omagh. Thus, Mac was the third son of the Manse to occupy the Chair in Midwifery — the two preceding him were Professors Dill and Sir John Byers. His mother was a trained nurse. There were two children from this marriage — Mac and his younger sister Edith (more commonly known as Pat) (Fig 2).

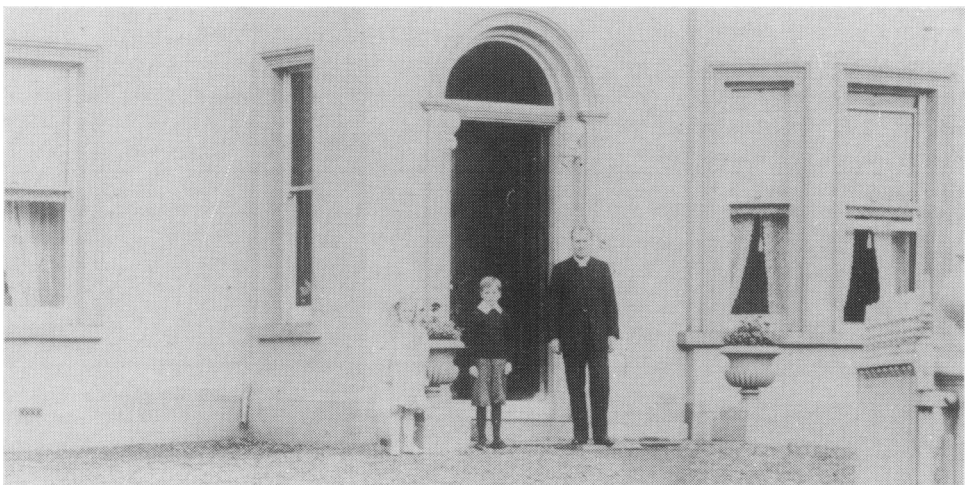


Fig 2. Rev Andrew Macafee and his children C H G and Edith; about 1902.

During his childhood Mac was always aware of the social problems of poverty and drunkenness and the inevitable political unrest. The problems of alcohol abuse were not helped by the 'spirit grocer', a common feature in those days. Women were spending more money on gin than on groceries and, as a result, their children were starving. Often his father's parishioners were taken home by their horses as they lay incapable in the bottom of a cart. Poverty was prevalent; particularly among elderly widows and spinsters. There was, of course, no National Insurance scheme until 1911. The poor depended mainly on money from the 'Church Poor Fund' and every Saturday Mac was given a number of envelopes, each containing half-a-crown, to deliver to the poor throughout the town.

Educated at Omagh Academy and Foyle College, Londonderry, Mac entered the Faculty of Medicine at Queen's in October 1916, graduating 5 years later with first class honours, taking first place in midwifery and gynaecology. The Professor of Midwifery, Sir John Byers, had died in 1920, a year before Mac qualified, and the Chair was divided into two — midwifery (Professor C G Lowry) and gynaecology (Professor R J Johnston).

During his house officer's year at the Royal, the IRA was doing its best to burn down Belfast and at least 600 corpses due to the 'troubles' passed through the mortuary. On completion of the year he decided to specialise in obstetrics and gynaecology and subsequently sat and passed the examination for Fellowships of the Royal College of Surgeons of both England and Ireland in 1927.

Mac was the first University Tutor in Obstetrics at Queen's. He describes conditions in the Belfast Maternity Hospital in Townsend Street as deplorable. While this may have been so, nevertheless, in 1921, Mr H L Hardy Greer, one of the medical staff, established the first antenatal clinic in Ireland in that hospital. Mac resigned as Tutor in 1925. He went into private consulting practice but continued his commitments in the Belfast Maternity Hospital and the Royal Victoria Hospital, where he was appointed assistant gynaecologist in 1929.

It was in 1929 that obstetrics and gynaecology made the most major advance as a specialty with the founding of its own College. Although Blair Bell and Fletcher Shaw are regarded as the founders, Professor C G Lowry and other members of the Gynaecological Visiting Society of Great Britain and Ireland played important roles. In fact, Professor Lowry was one of the 9 signatories of the 'Articles of Association' submitted to the Board of Trade.

Not surprisingly, the Royal Colleges of both Physicians and of Surgeons objected to the proposed issue of certificates for proficiency in obstetrics and gynaecology by another body. Following a Board of Trade enquiry the Colleges conceded and, at last, obstetricians and gynaecologists had their own College. Mac was a foundation Fellow and later a Vice President, as had been C G Lowry. Mac's successor Professor Jack Pinkerton also became a Vice President.

In 1930, Mac married Margaret Crymble Lowry, daughter of Professor C G Lowry and Mrs Lowry. Their best man was Arthur Eakin, a surgeon in Omagh. Margaret and Mac lived at 18 University Square. They had three children. Jeremy, the eldest, is a consultant obstetrician and gynaecologist in Leicester, and is married

with two sons. Alastair is one of our consultant orthopaedic surgeons; married with four children he lives in the family home in Donaghadee. Anne, the youngest, trained as a nurse in the Royal and is married to David Mahood. They live in Holywood, Co Down.

Mac was now very busy in private and hospital practice. To make matters worse, most of Professor Lowry's time was occupied negotiating the transfer of the Maternity Hospital from Townsend Street to the Grosvenor Road site and its amalgamation with the Royal Victoria. The new hospital was opened in 1933 and designated the 'Royal Maternity Hospital', Belfast (Fig 3) (George V, 1935), not the 'Maternity Unit of the Royal Victoria Hospital', as the media and others often incorrectly state. The gynaecological unit has always been part of the Royal Victoria.

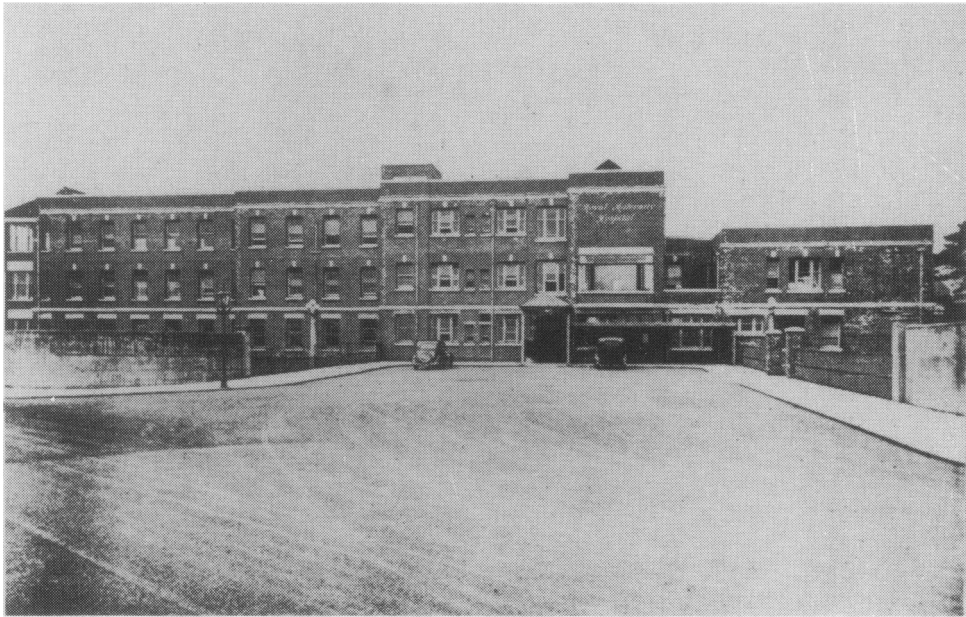


Fig 3. Royal Maternity Hospital, Belfast, in 1933.

The logo of the Royal Maternity Hospital, which some people seem desirous of eliminating for no good reason, is taken from the sculpture (Fig 4) in the main entrance hall by Miss Rosamund Praeger of Holywood, Co Down. The sculpture was commissioned by Mrs Maitland Beath in memory of her parents and daughter. The model for the sculpture was a Mrs Nancy Dowling who is holding her youngest son up high in her arms with another child at her feet. The sculpture was greatly admired by most. Mac was surprised, therefore, when Miles Phillips, an obstetric colleague from Sheffield, criticised the sculpture on the grounds that the lady should be facing the other way so as to show her left hand with a wedding ring and there should be two children at her feet — the ideal family being three. Miles Phillips commissioned Miss Praeger to do a sculpture for Sheffield with these altered specifications. Fig 5 shows what the Sheffield sculpture looks like. Note the ring and the additional children.

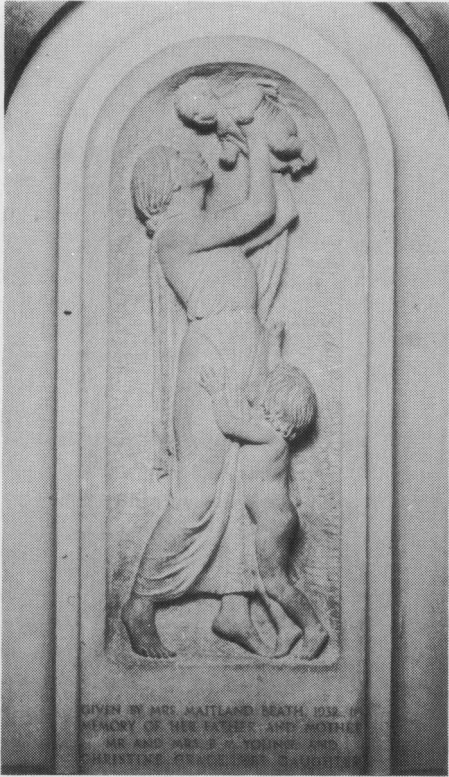


Fig 4. Sculpture in entrance hall of Royal Maternity Hospital by Miss Rosamund Praeger.



Fig 5. Bronze cast of sculpture by Miss Rosamund Praeger, commissioned by Mr Miles Phillips, Sheffield. This cast is presently in the Ulster Hospital, Dundonald.

Professor Sir Robert Johnston died in 1937 and the Chair of Obstetrics and Gynaecology reverted to one — Professor Lowry continuing in office. Mac became his Lecturer — the first in Obstetrics and Gynaecology at Queen's, a post he held until he himself was appointed to the Chair in 1945.

The 'Irish News' reporting on the 1937 Annual General Meeting of the Royal Maternity Hospital, quoted the new lecturer Mr Macafee as saying, "The mother is still the Cinderella of the Public Health Services". His reason for this remark was the proposed expenditure for maternity and child welfare of £12,542 compared with £39,540 for libraries and museums. He thought it scandalous to suggest placing books and antiques before mothers and babies, particularly when Belfast had higher mortality figures than most comparable centres.

What really upset Mac and his colleagues was that, in spite of the advent of asepsis and antisepsis, mothers continued to die from puerperal fever. The treatment of the haemolytic streptococcus was still basically glycerine, Guinness and God. However, that same year (1937) this dismal situation was, at last, to change with the introduction of Prontosil in clinical practice. The basis of Prontosil was that most outstanding chemotherapeutic agent of the century, sulphonamide. Most

patients with sepsis now survived — the fact that they turned pink for a considerable period of time was a small price to pay for life. However, the introduction of Prontosil did not affect the pneumococcus. Fortunately, May & Baker, after 692 experiments, found that sulphanilamide combined with pyridium, would kill the pneumococcus. Hence, the name 'M&B 693' for the drug introduced in 1939 which was to prove such a valuable chemotherapeutic agent in the War years.

The year 1940 saw the introduction of penicillin and the beginning of the antibiotic era which was to revolutionise the treatment of all infections and alter medicine dramatically. The penicillin story is best told by our own Sir Ian Fraser who had an important role in its introduction to clinical medicine during the Second World War.

Although commenced in 1937, it was during the War years that Mac did much of his original work on placenta praevia. Until that time, any patient admitted to hospital with an antepartum haemorrhage diagnosed as a placenta praevia was immediately delivered irrespective of fetal maturity, as it had always been believed that the mother could bleed to death. However, Mac was of the opinion that the first haemorrhage from a placenta praevia was not always a life-threatening obstetrical emergency. He believed that delivery could be postponed in many patients until the fetus was mature enough to survive, by simply putting them to bed in hospital until 38 weeks gestation. This 'expectant treatment' of placenta praevia revolutionised the outlook for mothers and babies. The maternal mortality was reduced from 26 to 5 per 1,000, and fetal loss from 500 to 12 per 1,000.

Mac, in his publication, acknowledged not only the obstetricians involved, but also the paediatrician Dr F M B Allen, later Professor of Child Health, and the nursing staff, for their interest and care of the babies, many of whom were very premature. He also paid tribute to all the patients who had stayed in hospital, some for many weeks, quoting from William Trotter's 'Collected Papers', "Let us not forget that they have borne more substantial witness than has yet been produced by any philosophers or theologians that all suffering is not in vain".

It is only when one appreciates the number of mothers and, in particular babies, that have been saved throughout the world since the introduction of 'expectant treatment', that one realises the magnitude of Mac's contribution to midwifery. The diagnosis of placenta praevia is now more accurate due to ultrasonics, and many patients who would have been kept in hospital 50 years ago may now be allowed home. Fetal mortality in placenta praevia also continues to improve, mainly because even if the patient has to be delivered prematurely, the enormous advances in the care of the premature infant by the neonatologists have virtually eliminated the vast majority of infant deaths.

Professor Lowry retired in 1945. The contenders for the post were the two lecturers, C H G Macafee and H I McClure. There was obviously a considerable amount of medical politics involved at the time as attempts were made to divide the Chair once more into Gynaecology and Obstetrics. This was refused by the Board of Curators and Mac was appointed full-time Professor with limited private practice.

At that time there was no academic clinical University departments as we know them today and the Institute of Clinical Science did not exist. However, by 1954,

mainly through the efforts of Professor Sir John Biggart, the then Dean of the Faculty, the Institute was built and the various clinical departments moved in. The relevant minutes of the Academic Council reveal that the move from the Queen's campus to the Grosvenor Road site was strongly opposed by many members, several of whom were Professors who had shown no previous affection for the Faculty of Medicine.

Almost concomitant with the establishment of this new accommodation for the University academic departments was the introduction of the National Health Service in 1948. Mac commented that the taking over of all the hospitals, which had largely been built with private monies charitably subscribed, was comparable to the rape of the monasteries by Henry VIII. He found it unusual to receive a salary for something he had done for nothing in the previous 22 years. He also thought that the Government had failed to realise how much work, both in general and consultant practice, had been carried out for nothing.

Now, 50 years on, we are faced with further reforms. Again, we are to receive payment for work that in the past was done for nothing. For example, there will be 'sessions' for administration, auditing, and many other activities, all of which were previously part of a vast amount of work done on a goodwill basis. If these 'sessions' encroach on time spent in clinical work, and I don't see how this can be avoided, then patient care will surely be affected unless additional medical and nursing staff are appointed. In the present financial climate this seems unlikely and, once again, much will depend upon the goodwill of the medical and nursing staff.

After 1948, more and more general practitioners ceased to practise obstetrics, referring their patients to hospitals which were no longer considered dangerous. Public demand for institutional confinement was such that by 1957, 70% of all deliveries were conducted in hospital — a complete reversal of the figures when the Royal Maternity Hospital opened in 1933. Now, the figure is virtually 100%. In the past few years several groups have been campaigning for a return to home confinements in 'normal' patients. I have one simple comment and that is — no labour can be considered normal until mother and baby have been safely delivered without any complication. *Normal labour is a retrospective phenomenon. Those who think differently should think again.*

The increasing demand for hospital confinements led to a recurrent shortage of beds. Many pleas for additional beds were made by Mac and his colleagues, but it was not until 1966 that the 50-bed extension opened, followed by the new labour suite in 1971, that is, 3 and 8 years respectively after Mac's retirement. Mac and his colleagues acknowledged the valuable part played by the late Mr Reginald Magee who headed the planning team.

One of the highlights of Mac's career was his appointment as Sims Black Travelling Professor of the Royal College in 1956. As such, he was to visit Rhodesia and South Africa. Unfortunately, after visiting Rhodesia he became ill and had to return home before going to Durban and Cape Town. He was so impressed with South Africa that, on his return, he advised those in the long queue for consultant posts to consider this option.



In 1958 the Royal Maternity Hospital celebrated its Silver Jubilee on this site. Lady Wakehurst planted a cherry tree to commemorate the occasion, and inspected a guard of honour. The tree is now well grown. In the same year, Malone Place Obstetric Unit was transferred to Jubilee III at the Belfast City Hospital, Mr H I McClure, having left to go to Musgrave Park. As a result, Mac was invited to join the staff, and the University's presence has continued in the Jubilee Maternity Hospital ever since.

Like all his predecessors, except Professor Burden, he was elected President of the Ulster Medical Society in 1958. I often wonder if this was why he chose the title 'Burden's Ghost' for his Presidential Address. During Mac's 18 years as Head of Department, in spite of many other duties, he continued his active role in clinical obstetrics and gynaecology. His Friday afternoon antenatal clinic attracted many complicated referrals, including patients with diabetes. Subsequently, in 1956, when Professor Desmond Montgomery of the Royal Victoria Hospital Metabolic Unit joined the clinic it became one of the world's first combined metabolic/antenatal clinics. Professor Montgomery was later honoured with a Fellowship *ad eundem* of the Royal College of Obstetricians and Gynaecologists for this work.

Mac was a very skilled operator and showed great patience when assisting juniors. His main interests were vulval and ovarian lesions, and the publication on 'The Pathology of Ovarian Tumours' in conjunction with Professor Sir John Biggart, was recognised as an authoritative work on the subject at that time. Those of us who had the privilege of working with him can remember several of his likes and dislikes and many of his sayings, a number of which have permeated down through the years.

Mac never liked husbands in the labour wards. I wonder what he would say today when husbands, partners, or whatever, are present at most deliveries. I expect that soon patients' lawyers will also attend. He also had very interesting views on infertility. His advice to newly married couples was always to go ahead and have a baby. When asked why, he used to say, "Just in case the ground should go fallow". On many a ward round when a student or postgraduate had taken the history and examined the patient but had omitted some relevant information, he would say "Did you ask her?" "Did you look?" The negative reply was followed by, "Ask and you will be told". "Look and you will see".

Just as his lasting memorial is undoubtedly placenta praevia, one of the best known of his sayings was "Let's sit on her". He often advised those uncertain what to do next about a patient, to practice "Watchful expectancy and masterful inactivity" if possible. He deplored "meddlesome midwifery".

Mac believed that "while medicine is undoubtedly a science, it is a science in which the scientist is dealing with people and not things". I'm sure he would have agreed with David Seegal who recently said, "The young physician today is so generously provided with a kit of diagnostic and therapeutic tools, his attention might be wisely directed to the question of 'what not to do' as well as 'what to do'. Like Osler, Mac also believed that "to study the phenomenon of disease without books is to sail an uncharted sea, while to study from books without patients is not to go to sea at all".



Fig 6. Charles Horner Greer Macafee, Professor of Midwifery and Gynaecology 1945–1963.

Sadly, in 1963, the Macafee era came to an end. After 42 years in medical practice, 40 of which were spent in obstetrics and gynaecology and 18 as Head of Department, Mac retired (Fig 6). His last operating session and the hospital tea party I recorded for posterity. There was also a grand function in the Great Hall of Queen's University at which his portrait, painted by Frank McKelvey, was presented by H I McClure on behalf of his colleagues.

Mac spent the first year of his retirement as Visiting Professor to the Hammer-smith Postgraduate Center in London. He was appointed Chairman of a Select Committee of the Council of the Royal College of Obstetricians and Gynaecologists to examine postgraduate training, and the quality of the 'Macafee Report' in 1966 on the subject is an example of his own ability and his expectations for others. I'm sure he would have been very proud to know

that at the present time Belfast is the largest postgraduate centre for obstetrics and gynaecology in the UK and that one of his protégés — Professor CR Whitfield now Regius Professor of Obstetrics and Gynaecology, University of Glasgow, is Chairman of the Higher Training Committee of the College. Another of our post-graduates, Dr Harith Lamki, is College Director of Postgraduate Studies.

As one would expect, Mac received many accolades. These included the CBE, an honorary DSc from Leeds University, and an honorary LL.D from Queen's. There were many others, but the one which I think gave him most satisfaction was the unique honour of being the first person to receive, in the same year, the Blair-Bell Medal of the Royal Society of Medicine (the fourth ever awarded) and the Eardley Holland Medal of the College.

The death of his wife Margaret in 1968 — five years after he retired — was a heavy blow for him and the family circle but they, together with Miss Agnes Sey — better known as 'Nanny', who had been with the family from the beginning — provided him with companionship and care in the ensuing years. He moved from the family home in Donaghadee into the cottage at the rear, leaving the 'big house' for Alastair and his family. Always a keen gardener he continued to enjoy his lovely garden. He remained in contact with his friends and colleagues and regularly attended meetings of the Ulster Medical Society and the Ulster Obstetrical and Gynaecological Society. He was one of the founder members of the latter and its first President in 1952.

It was inevitable that the day would come when Mac would no longer be with us and, on 16th August 1978, in his eighty-first year, he passed away peacefully at

his home in Donaghadee. In a simple funeral service conducted by his great friend the late George Quinn, Bishop of Down and Dromore, we gave thanks for this man of deep Christian faith.

All who knew Mac will have their own memories. I personally remember that, no matter how busy, he listened patiently to the problems of everyone, and was ready to help in any way he could. His quiet manner when talking to patients was always reassuring, and his meticulous clinical examination of them was an example to us all. He had a most remarkable memory, undoubtedly due to his very genuine interest in his patients. Years later he could remember not only the face, the name and the medical condition of the patient, but he also delighted in recalling which bed she had occupied in the ward.

Generations of undergraduates and postgraduates, many of whom came from all over the world, particularly Africa and Australia, acknowledged without reservation that he was a great teacher and a distinguished medical pioneer. As a result, his name was known to obstetricians throughout the world. His personal contribution to the Belfast School of Obstetrics has been invaluable and, as a permanent tribute, Professor Pinkerton arranged the refurbishing of the old lecture theatre in the Royal Maternity Hospital and named it 'The Macafee Lecture Theatre'. Much of the funding for this was provided by one of Mac's former overseas postgraduates, Professor Tow Siang Hwa of Singapore.

Mac gave this Opening Address in 1942 on 'Medical Students and the Teaching of Midwifery'. He ended by saying, "Should the orator in a hundred years' time be a gynaecologist, I hope that he will be able to refer with pride to the contributions of the Belfast School to Medicine, and to the science and art of Obstetrics in particular". This morning we are about halfway and it is easy for me to refer with pride to the Royal Victoria and the other hospitals in the Royal Group. Their reputations as centres of excellence in medicine are worldwide as a result of the major contributions made by those who have worked and are still working in them. As main teaching hospitals they have, from their very beginnings, contributed to the fame of the Belfast Medical School, and I am confident they will continue to do so in the years ahead, irrespective of any changes.

Sir William Osler said, "Humanity owes a great debt of gratitude to those devoted men who have striven during their lives for exactness in knowledge and for practical application of such knowledge — a debt too great to pay, too great even to acknowledge". Although this may be true, I hope this address will in some small way help you to appreciate this most remarkable and distinguished man called 'Mac', a man who gave more than half-a-century of devoted service to mankind and, in so doing, championed the cause of midwifery — no longer a Cinderella. We will remember him.

No orator can produce an address entirely on his own and I would like to acknowledge the help I have had from our Archivist Dr John Logan, Norman McMullan and Ronald Wood of the Photographic Department and May Weller, without whose help there would be no oration. Last, but not least, I thank my wife and family for their support and tolerance over the past months.